

# South Carolina Department of Labor, Licensing and Regulation

## Auctioneers' Commission

### Instructions for applying for an Auction Firm license

**Read instructions carefully before completing application form.**

1. Application must include **notarized signature** and **photograph**.
2. Corporations, limited liability companies, limited partnerships, and limited liability partnerships must provide the Commission with an authorization by the South Carolina Secretary of State's office ([www.scsos.com](http://www.scsos.com)) to transact business in this State. Sole proprietorships and general partnerships are **not** required to file with the Secretary of State's office.
3. Obtain a certified check or money order in the amount of \$410 (\$300 two-year license fee, \$100 recovery fund fee, and \$10 credit report fee). License fees are prorated for applications received after April 1 of even years (2012, 2014, etc.). Prorated fee is \$210. **ALL FEES ARE NON-REFUNDABLE.**
4. Firm applicants must take an **online** exam unless the individual designated as the applicant is a SC licensed auctioneer. Licensed real estate brokers and real estate firm applicants are not required to take the auction firm examination, **if** a licensed auctioneer is employed to handle transactions peculiar to the auction profession. Upon receipt of the application, applicants will be notified by mail with instructions for taking the examination.
5. Along with the application, applicants must include a criminal history conviction record from the State Law Enforcement Division (SLED) [www.sled.sc.gov](http://www.sled.sc.gov) or equivalent State Law Enforcement Agency in the applicant's resident state.
6. Applicant must include a completed Escrow/Trust Account Certification Affidavit.
7. Out-of-state firms applying for a license must complete the Designation of Agent for the Service of Process Form and have signature notarized. Partners or officers of a firm or company must sign as principals for the firm or company.

**Mail the completed packet and a check or money order to:**

LLR Auctioneers' Commission  
110 Centerview Drive (physical address)  
Post Office Box 11329 (mailing address)  
Columbia, S.C. 29211-1329  
Phone: (803) 896-4800



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Auctioneers' Commission

RETURN FORM TO:

Attach here a  
head and  
shoulders  
photograph of  
applicant taken in  
the last six months  
2" x 2"

S.C. Dept. of Labor, Licensing and Regulation  
Auctioneers' Commission  
Synergy Business Park  
110 Centerview Drive  
Post Office Box 11329  
Columbia, South Carolina 29211-1329  
Phone: (803) 896-4800  
Internet Address: www.llr.state.sc.us

FOR COMMISSION USE ONLY

FEES

DEPOSIT

\$300 License Fee

\$100 Recovery Fee

\$10 Credit Report Fee

License Issued

APPLICATION FOR AUCTION FIRM LICENSE

**NOTICE: Applicant must be an owner, partner, or principal.**

**FEES REQUIRED:** \$300 two-year firm license fee, \$100 recovery fund fee, plus a \$10 credit report fee. Total fees due \$410. Submit a certified check or money order payable to the S.C. Department of Labor, Licensing and Regulation Auctioneers' Commission.

The undersigned applicant hereby applies to the South Carolina Auctioneers' Commission for an auction firm license under the provisions of Title 40, S.C. Code, 1976 (as amended) and the Rules and Regulations of the Commission and in support of said application makes the representations contained herein with the understanding that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient reason to deny a license or to withhold renewal of or suspend or revoke a license if issued by the Commission. The undersigned applicant understands the Commission may make such inquiry and investigation concerning the applicant's record or background as the Commission in its judgment deems proper, and said applicant further agrees to furnish any additional information requested by the Commission and to appear before the Commission in person if requested to do so.

Type or Print in Ink

1. Name of Firm: \_\_\_\_\_ Federal ID# \_\_\_\_\_
2. Firm Location: \_\_\_\_\_ County: \_\_\_\_\_
3. Firm Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
4. Name of Applicant in Full: \_\_\_\_\_  
\*Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone No: (\*Home) \_\_\_\_\_ (Work) \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
\*Applicant's Social Security Number: \_\_\_\_\_ Applicant's Date of Birth: \_\_\_\_\_
5. Is applicant the sole owner of auction firm? \_\_\_\_\_ Yes \_\_\_\_\_ No (If no, indicate title of applicant and names, addresses, phone numbers and titles of all other major principals if the firm is a partnership or corporation.)  
\_\_\_\_\_  
\_\_\_\_\_

6. Would auction sales ever be contracted or advertised to be held in South Carolina using any name or trade name other than that indicated on this application? \_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, attach separate sheet listing name(s), addresses, phone number, etc.)
7. List types of auctions conducted within the past 36 months--Example: Real Estate, Household, Estates, Farm Machinery, etc.:  
\_\_\_\_\_
8. Will auctioneering activities be conducted on a full-time or part-time basis? Full-time \_\_\_\_\_ Part-time \_\_\_\_\_
9. List the names of each principal in the firm who holds a S.C. auctioneering license or who has an application pending with the Commission:  
\_\_\_\_\_
10. If the principals are not bid callers, give name(s) of proposed auctioneer(s) and license number(s) to be used, if known at time of application.  
\_\_\_\_\_
11. Has principal ever been denied any professional or occupational license, including an auctioneering license in this state or any other state or jurisdiction? Yes \_\_\_ No \_\_\_ (If yes, attach a separate statement providing details.)
12. Has a principal ever had any professional or occupational license, including an auctioneering license reprimanded, suspended, revoked, surrendered or has he/she ever been disciplined by the licensing authorities in this or any other state or jurisdiction? Yes \_\_\_ No \_\_\_ (If yes, attach a separate statement providing details.)
13. Has a principal ever had any other business or professional license suspended, revoked or surrendered in this or any other state or jurisdiction? Yes \_\_\_ No \_\_\_ (If yes, attach a separate statement providing details.)
14. Has a principal ever been convicted of or pled guilty to or nolo contendere to a felony or a crime involving drugs or moral turpitude? Yes \_\_\_ No \_\_\_ (If yes, attach a separate statement providing complete details and result.)
15. Are there any unpaid judgments of debt now outstanding against a principal? Yes \_\_\_ No \_\_\_ (If yes, attach a separate statement providing complete details.)
16. Has principal ever filed bankruptcy? Yes \_\_\_ No \_\_\_ (If yes, attach a separate statement providing complete details.)
17. Have you read and understand the South Carolina Auctioneers' licensing law and the Rules and Regulations of the Commission? Yes \_\_\_ No \_\_\_
18. Are you a United States citizen or legal permanent resident eighteen years of age or older?  
Yes \_\_\_ No \_\_\_  
If you answered no, are you a qualified alien or nonimmigrant under the Federal Immigration and Nationality Act, Public Law 82-414, eighteen years of age or older, and lawfully present in the United States?  
Yes \_\_\_ No \_\_\_

**All information in this document is a public record subject to disclosure pursuant to the S.C. Freedom of Information Act, except items designated with this symbol. (\*)**

**When you provide a check as payment, you authorize us to use information from the check to make a one-time electronic fund transfer from your account, or to process the payment as a check transaction. You authorize us to collect a fee through electronic fund transfer from your account if your payment is returned unpaid. Please provide the following on your check: Drivers License #; Full Name; Street Address and Phone Numbers.**

## AFFIDAVIT

I, \_\_\_\_\_, am the person described and identified, of good moral character, and the person named in all documents presented in support of this application. I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare that all statements made by me herein are true and correct. Should I furnish any false or incomplete information in this application, I hereby agree that such act shall constitute the cause for denial or revocation of my license to practice \_\_\_\_\_ in South Carolina.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature of Notary Public \_\_\_\_\_

My Commission Expires \_\_\_\_\_

*Seal required here*